

9/935765

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 43     | 8/31/01 |
| FORMALITY REVIEW          | SI       | 1154   | 9/26/01 |
| RESPONSE FORMALITY REVIEW |          |        |         |

## INDEX OF CLAIMS

|                        |            |   |              |
|------------------------|------------|---|--------------|
| ✓                      | Rejected   | N | Non-elected  |
| =                      | Allowed    | I | Interference |
| — (Through numeral)... | Canceled   | A | Appeal       |
| ÷                      | Restricted | O | Objected     |

| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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